

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097582625** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4		1		1			54						
5	1		1				55						
6	1		1				56						
7		6		1			57						
8		6		1			58						
9		6		1			59						
10	1		1				60						
11		1		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
20		2		1			70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		6		1			TOTAL DEP.						
TOTAL CLAIMS	1	6	1	1			TOTAL CLAIMS						